


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|  |                      |                        |                |
|--|----------------------|------------------------|----------------|
| <b>TRANSMITTAL<br/>FORM</b>                              | Application Number   | 10/788,847             |                |
|  | Filing Date          | February 27, 2004      |                |
|  | First Named Inventor | Nakamura               |                |
|  | Art Unit             | 1633                   |                |
|  | Examiner Name        | Michael D. Burkhardt   |                |
| (to be used for all correspondence after initial filing) |                      | Attorney Docket Number | 25371-021002US |
| Total Number of Pages in This Submission                 |                      |                        |                |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Issue Fee Transmittal Form PTOL-85,<br>Application for Adjustment of Patent Term |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.                               |          |        |
| Signature    |  |          |        |
| Printed name | Cynthia A. Kozakiewicz  |          |        |
| Date         | March 15, 2010  | Reg. No. | 42,764 |

**CERTIFICATE OF TRANSMISSION/MAILING**

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